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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT Date Submitted: January 23, 2008 (use as many sheets as necessary)				Complete if Known		
				Application Number	10/574,794	
				Filing Date	08-16-2006	
				First Named Inventor	Walter WOLF	
				Art Unit	3749	
				Examiner Name	Samantha A. MILLER	
Sheet	1	of	1	Attorney Docket Number	016906-0485	

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		Number-Kind Code ² (if known)			Passages or Relevant Figures Appear
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Examiner Cite Initials* No.		Country Code ³ Number ⁴ Kind Code ⁵ (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Documents	Relevant Passages or Relevant Figures Appear	T ⁶
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Examiner Signature	/Samantha Miller/	Date Considerer	08/25/2008

*EDAMINEE: mital if reference considered, whether or not clastion is in conformance with MPEP 000. Draw line through clastion if not in conformance and not considered include copy of his form with next communication to applicable. Applicant a quiese caliform designation number (politons), 2-95e Kinds 2 Code (SPC) of printing a conformance and not considered include conformance and not considered include to the conformance and not considered include and not and not considered in the considered programment of the considered programment of the considered programment of the considered included and not considered in the considered programment of the consi EXAMINER; Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered 1450, Alexandria, VA 22313-1450.